

101559461
 MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	1					
5	2					
6	0					
7						
8						
9						
10						
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13			1			
14			1			
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50						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			14			